Stockbridge-Munsee Community Office of Accounting Services Account Payables

Customer Name			
iname	Last		MI
Address	City	State	Zip Code
hereby authorize Stockbridge-Munsee Commu ccount listed above (this includes my authoriza ill remin in effect unitl I give written notice to ca	unity (SMC) and my bank to automatically mation to correct entries made in error.) This	nake deposits into my	
	olete for DIRECT DEPOSI		
Bank Account			
Checking Savings Gircle Type of	of Account It's safe and secure	•	
Account Number	* No more lost or misp	laced checks.	
Bank Name	* Your check's automa	tically deposited into y	our account
Bank Routing #	* It eliminates a trip to		
your bank account number has changed, your same same same same same same same same	I must provide a voided check or bank spec The processing of this form will take at leas	ification sheet. st two pay periods.	
Signature	Date		
FORAG	CCOUNTING SERVICES USE ONLY		
Processed by	Date		